Campus Health
TULANE UNIVERSITY

Undergraduate Students
IMMUNIZATION COMPLIANCE FORM

Louisiana R.S. 17:170 – Schools of Higher Learning

Tulane University Campus Health – Uptown 504-865-5255, Downtown 504-988-6169
Upload this form and any lab reports in the Patient Portal: campushealth.tulane.edu/immunizations.

Name:_____ Date of Birth:_____/_____/_____
Please Type or Print (Last) (First) (M.I.) (MM / DD / YYYY)

Tulane Splash ID #: ___ ___ ___-00-___ ___ ___ ___ Semester of Enrollment:_____ Country of Birth_____

Tulane Email:_____@tulane.edu Phone: (_____)_____

▼ This must be completed and signed by a physician or health care provider. ▼

Required Immunizations

MMR (Measles, Mumps, Rubella) - Two doses required Two doses of MMR at least 28 days apart. First dose after 12 months of age. **OR** Positive antibody titers for measles, mumps and rubella* Required: Submit titers laboratory report for proof of immunization.	MMR Dose #1 Date: _____/_____/_____ (MM / DD / YY) MMR Dose #2 Date: _____/_____/_____ (MM / DD / YY) **OR** Individual Doses (MM / DD / YY) Measles #1: _____/_____/_____ Measles #2: _____/_____/_____ Mumps #1: _____/_____/_____ Mumps #2 : _____/_____/_____ Rubella #1: _____/_____/_____ **OR** Serologic Tests & Results (Must provide copy of lab reports.*)
Tetanus (Tdap preferred) **Last dose must be within the past 10 years of enrollment date.	Vaccine Date**: _____/_____/_____ (MM / DD / YY) Must Select Type: ☐ TD or ☐ Tdap
Meningococcal Quadrivalent vaccine A, C, Y, W-135 ***At least one dose given on or after age 16 and within the past 5 years is required for all undergraduates.***	Vaccine Date*: _____/_____/_____ (MM / DD / YY) Vaccine Date*: _____/_____/_____ (MM / DD / YY) Must Select Type: ☐ Menactra or ☐ Menveo

Other Immunizations (Recommended, Not required)

Bexsero Meningococcal B Two doses	Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____
Trumenba Meningococcal B Three doses	Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____ Dose #3: _____/_____/_____
Gardasil (HPV) Three doses	Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____ Dose #3: _____/_____/_____
Hepatitis B Three-dose vaccines: Energix-B, Recombivax, Twinrix Two-dose vaccine: Heplisav-B	Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____ Dose #3: _____/_____/_____ Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____
Varicella (Chicken Pox) Two doses	Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____
Hepatitis A Two-dose vaccine or Three-dose vaccine (Hep B combo): Twinrix	Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____ Dose #1: _____/_____/_____ (MM / DD / YY) Dose #2: _____/_____/_____ Dose #3: _____/_____/_____

HEALTH CARE PROVIDER:

_____ _____
Name (Typed or Printed) *Signature*

CLINIC STAMP

_____
Address

_____ _____
Phone *Date*

How to Submit

1) Make sure your health provider completes and signs the form and provides copies of applicable lab reports. All lab reports must indicate your name and date of birth.

2) Scan these documents. *NOTE: Your files can be no larger than 4 MB. (Scan in black and white or at a setting of 150 DPI to achieve a smaller file.)*

3) Visit our website at campushealth.tulane.edu/immunizations and review all requirements before submitting this form.

4) **Log on to the Patient Portal** at campushealth.tulane.edu/patient-portal using your Tulane log-on credentials.
It may take up to three business days after you receive your Tulane email account before you can access the Patient Portal. If you still cannot log in to the Patient Portal after three days, please contact the immunization office for assistance at immunizations@tulane.edu.

5) **Choose Immunizations** and **Enter Dates**. Fill in all the dates and information copied directly from your form. When finished, click "Submit".

6) Next, use the **Upload Documents** link to upload your scanned copy of the completed form along with any necessary lab reports.

7) Once your form is uploaded, it may take up to five business days for the form to be reviewed and verified. Check your Tulane email regularly for notification of secure messages from the Health Center.

8) **You will receive a secure message** via the Patient Portal notifying you whether your records are either
(a) in compliance which allows you to register for classes or
(b) out of compliance which means you cannot register for classes until you upload the additional records specified via secure message.

9) All communication regarding your immunization records is private and visible only via the Patient Portal. You will receive a secure message notification in your Tulane email directing you to the Patient Portal. You should **submit health information only via the Patient Portal** and never by email.

10) You will be eligible to register for classes **only** once your immunization records are in compliance with University policy and Louisiana law.

Students who want to request an exemption/waiver from immunizations, visit campushealth.tulane.edu/immunizations for instructions.

For assistance, please email
immunizations@tulane.edu.

REMINDER

After you submit this form, there are additional steps you must take to achieve full immunization compliance.

1) **Individual TB Risk Assessment** must be completed via the Patient Portal through the Forms section. If applicable, Tuberculosis Screening test (IGRA or TST) should be done *within 6 months* prior to enrollment date. T-spot IGRA Tuberculosis blood tests are only accepted if performed in the U.S.

2) Follow the latest University requirements regarding **COVID-19 and Influenza vaccinations**. For more information visit campushealth.tulane.edu/immunizations.